

HEADQUARTERS
PENINSULAR BASE SECTION
MEDITERRANEAN THEATER
Office of the Theater Chief Surgeon
APO 782 US Army

10 July 1946

CIRCULAR LETTER No. 15

CLINICAL RECORDS	SECTION I
REPORT OF ESSENTIAL TECHNICAL MEDICAL DATA	SECTION II
MISCELLANEOUS	SECTION III

SECTION I - CLINICAL RECORDS.

1. A review of clinical records in this Theater reveals a lack of time and effort spent in their preparation, inconsistent with the comparatively low patient load and static situation now prevailing. During combat operations, the rapid turn over of patients, continuous movement of hospital units and excessively high patient-load precluded hospital personnel from maintaining complete and detailed clinical records on all patients. This situation no longer exists and clinical records should be prepared to conform with the high professional standards expected in this Theater.

2. Commanding Officers of all US Army medical installations will take immediate aggressive action to raise the standard of preparation of clinical records to that required in the Zone of the Interior. Where such would be beneficial, meetings will be held to review the preparation of clinical records, in order to orient less experienced medical officers. Hospital commanders will hold their Chiefs of Services personally responsible for the clinical records prepared by officers of their respective services. It must be borne in mind that these records will be the only attestation to the true condition, treatment and progress of the patient. As such, they are the only source of evidence to substantiate disability claims.

3. The old forms of the 55 series will be used until the supply is exhausted, and will be requisitioned from Adjutant General Publications of the Area Commands concerned. When the supply of the old 55 series is exhausted, the new clinical record series WD AGO Forms 8-33 to 8-90 will be instituted for case histories on hospitalized patients in all hospitals in this Theater, except in field and evacuation hospitals when such hospitals become mobile and operate under field conditions.

4. The Abbreviated Clinical Record, WD Form 55A-1 (WD AGO Form 8-34 in new series) will be limited strictly to cases hospitalized for trivial injuries and illnesses of a mild or uncomplicated nature, which obviously will necessitate their hospitalization for a few days only, and which are of such a nature that a very brief clinical record will fulfill all needs.

Normally the form will be used only for cases where it is thought that less than seven (7) days active treatment will be required. If for any reason a patient's stay is prolonged for other than convalescence, or if complications arise, a standard clinical record will be initiated.

5. A clinical record includes all official forms and charts, or papers used in lieu thereof, on which are kept the medical or surgical history of a patient admitted to a military hospital. Allied documents which are filed with clinical records (such as retained copy of disposition board or Line of Duty investigation) are also considered a part of the clinical record.

6. A clinical record does not include MD Form 52 (Medical Report Card), (WD AGO Form 8-24 in new series); MD Form 52B (Emergency Medical Tag), (WD AGO Form 8-26 in new series); MD Form 52C (Field Medical Card), (WD AGO Form 8-27 in new series); ~~MD Form 52D (Field Medical Record Jacket)~~, (WD AGO Form 8-28 in new series).

7. Clinical records will be retained for three (3) months subsequent to the patient's release from the hospital at which time they will be forwarded to the Clinical Record Branch, Records Adm. Center, AGO, 4300 Goodfellow Blvd, St. Louis, Mo. If re-admission takes place within three (3) months period subsequent to the patient's release from the hospital, the clinical record automatically reverts to a current status and becomes non-current three (3) months after release from such re-admission.

8. Clinical records and records named in paragraph 6 above, including X-Ray Films, will accompany the individual upon transfer as a patient from one hospital to another, and upon evacuation to the Zone of the Interior.

9. Initiation of Clinical Records - Clinical Record Brief (MD Form 55A) (WD AGO Form 8-33 in new series) will be prepared in the A & D Office and initialed by the admitting officer. The admission diagnosis, when known, will be entered on the progress note made at the time of admission. In the case of civilian dependents, the name, rank, organization and station of the military person on whom the patient is dependent will be typed immediately below the initials of the admitting officer, extending the width of the form, if necessary.

10. Component parts of the Clinical Record - The following basic forms will be included in every clinical record, except when abbreviated clinical record is used: - MD Form 55A (Clinical Record Brief), MD Form 55B (Chief Complaint - Condition on Admission - Previous Personal History), MD Form 55C-1 (Physical Examination), MD Form 55C-2 (Special Examination or Additional Data), MD Form 55D (Initial summary, working diagnosis, contemplated Laboratory Tests, and Consultations), MD Form 55F (Progress Note), and MD Form 55H (Temperature, Treatment, Nurse's Report).

(When the new WD AGO Forms are used, the following forms will be included in every clinical record, except when abbreviated clinical record is used: WD AGO Form 8-33; WD AGO Form 8-36; WD AGO Form 8-37; WD AGO Form 8-38; WD AGO Form 8-39; WD AGO Form 8-51 and WD AGO Form 8-56. These forms replace the same MD Forms, have the same title, etc., except for numbers as the MD Forms listed above).

11. Preparation of Clinical Record.

a. As soon as practicable after a patient arrives on the ward a

complete physical examination will be made. Signature and rank of the examining officer will be required on WD AGO Form No. 8-33 (Old Form MD 55A) and WD AGO Form 8-36 (Old Form MD 55B), following the initial progress note and the final summary. All other sheets 55B (reverse side) to 55H, (new series WD AGO Forms 8-36 to 8-51), will require initials, as will each interim progress note. In all cases an officer making his first entries in the clinical record will sign his name and rank. Any subsequent entries may be initialed.

b. In the case of all military and civilian personnel admitted with a diagnosis of alcoholism or injury, a definite statement will be made by the first medical officer examining the case on WD AGO Form 8-36 or the MD Form if still in use, under "General Appearance and Condition on Admission" as to the sobriety of the patient at the time of admission to hospital.

12. Arrangement, preparation and maintenance of Clinical Records.

a. The component parts of the clinical record will be constantly maintained in the chart holder (Item No. 7060400) which will ordinarily be kept in the Ward Officer's office on the ward to which the patient is assigned. These records or any of the components thereof will not be entrusted to the patient for delivery from one department or ward to another. Patients will not be permitted to peruse their clinical records.

b. The component parts of the clinical record will be arranged on the chart holder in numeral sequence. Ward officers may authorize, certain forms, such as WD AGO Form 8-56 (Old Form MD 55H-1) (Temperature, Treatment, Nurse's Notes), WD AGO Form 8-57 (Old Form MD 55H-2) (Graphic Chart) to be kept by the Nurse in her office.

13. Method of Use of Certain Component Parts of the Clinical Record.

a. The following forms are combined requests for and reports of laboratory examinations. They will be prepared in duplicate and sent to the laboratory concerned. Upon completion of examination requested, appropriate entries will be made. The original form will be returned by the Laboratory to the office or ward from which it emanated and the other retained in the laboratory.

<u>Form Number</u>	<u>Form Title</u>	<u>Old Number</u>
8-67	Blood	MD Form 55-L-1
8-68	Blood (Chemistry)	MD Form 55-L-2
8-69	Serology	MD Form 55-L-3
8-70	Spinal fluid	MD Form 55-L-4
8-71	Urinalysis	MD Form 55-L-5
8-72	Urinalysis (Quantitative)	MD Form 55-L-6
8-73	Sputum	MD Form 55-L-7
8-74	Gastric Analysis	MD Form 55-L-8
8-75	Feces	MD Form 55-L-9
8-76	Carbohydrate Tolerance	MD Form 55-L-10
8-77	Basal Metabolism	MD Form 55-L-11
8-78	Renal Function (P.S.P.)	MD Form 55-L-12
8-79	Renal Function (Urea Clearance)	MD Form 55-L-13
8-80	Renal Function (Con or Dil)	MD Form 55-L-14

Form NumberForm TitleOld Number

8-81

Miscellaneous

MD Form 55-L-15

The complete forms when received from the Laboratory will be pasted in chronological sequence in the space provided for that purpose on WD AGO Form 8-66 (Old MD Form 55-L).

b. The following forms are combined requests for and reports of special examinations. They will be prepared in duplicate and sent with the patient to the clinic or specialist concerned. Upon completion of the examination requested, appropriate entries will be made and the original form returned to the officer or ward from which it emanated for file with the patient's clinical record:

Form NumberForm TitleOld Numbers

WD AGO 8-40	Consultation Request	MD Form 55-E-1
8-41	Ophthalmologic Examination	MD Form 55-E-2
8-42	Ear, Nose and Throat Examination	MD Form 55-E-3
8-43	Dental Examination	MD Form 55-E-4
8-45	Proctoscopic Examination	MD Form 55-E-6
8-46	Urologic Examination	MD Form 55-E-7
8-47	Gynecologic Examination	MD Form 55-E-8
8-48	Allergy Examination	MD Form 55-E-9
8-61	Electrocardiographic Report	MD Form 55-J

All military patients admitted to hospitals will have Dental Examination, WD AGO Form 8-43 (Old MD Form 55-E-4) accomplished before discharge, unless hospitalization would be prolonged while waiting for such action.

c. WD AGO Form 8-63 (Radiologic Report), (Old MD Form 55-K-2), is a combined request for and report of radiological examination. This form will be prepared in duplicate and sent with the patient to the X-Ray Laboratory. Upon completion of the examination requested appropriate entries will be made. The original form will be returned by the X-Ray Laboratory to the officer or ward from which it emanated for file with the patient's clinical record and the other retained in the Laboratory.

d. The following Forms constitute a record of roentgen therapy and radium therapy respectively: WD AGO Form 8-64 (Record of Roentgen Therapy), (Old MD Form 55-K-3), and WD AGO Form 8-65 (Record of Radium Therapy), (Old MD Form 55-K-4). These forms will be used when roentgen and radium therapy become available in this theater. A single copy of these forms will be prepared and sent to the X-Ray Laboratory with the patient. The Chief of X-Ray Section will cause the necessary treatment to be instituted and a record thereof entered in the appropriate spaces on the forms. These forms will be retained in the Office of the Chief of the X-Ray Section until treatment is completed, when they will be authenticated by the signature of the officer administering the treatment and then transmitted to the officer or the ward from which they emanated for file with the patient's clinical record.

e. WD AGO Form 8-82 (Report of Pathological Examination of Tissue), (Old MD Form 55-M), is a combined request for and report of pathological examination of tissue. This form will be prepared in duplicate and sent to the clinical laboratory with the specimen of tissue to be examined. Upon completion of the examination requested, appropriate entries will be made.

The original form will be returned by the laboratory to the officer or ward from which it emanated and the other retained in the laboratory. It is absolutely essential that the surgeon give the pathologist sufficient history and clinical data for an intelligent examination of tissue.

f. WD AGO Form 8-83 (Old MD Form 55-N) is a combined request for and record of physiotherapy treatment. A single copy of this form will be prepared and sent to the Chief of Physiotherapy Section. The chief of the section will cause the necessary treatment to be instituted and a record thereof entered in the appropriate space on the form. This form will be retained in the office of the Chief of Physiotherapy Section until treatment is completed when it will be authenticated by the signature of the officer administering the treatment and returned to the officer or ward from which it emanated for file with the patient's clinical record.

g. WD AGO Form 8-84 (Pre-operative Examination and Anesthetic Record) (Old MD Form 55-O-1). One (1) copy of this form will be prepared by the ward officer and sent to the Anesthesia and Operation Section with the patient. Upon completion of the operation, the form will be completed by appropriate entries and returned to the officer or ward from which it emanated for file with the patient's clinical record. No patient will be submitted to operation until this form has been received by the Chief of Anesthesia and Operation Section and he has satisfied himself by scrutinizing the entries thereon that the patient's condition is such as to warrant operative procedure contemplated.

h. WD AGO Form 8-85 (Operation Report), (Old MD Form 55-O-2). This form will be completed in duplicate by the Chief of Anesthesia and Operation Section in the case of every patient subjected to surgical operation. Upon completion of the operation, the original form will be transmitted to the ward officer or ward in which the patient is hospitalized for file with the patient's clinical record and the copy will be retained in the office of the Chief of Anesthesia and Operation Section.

i. WD AGO Form 8-87 (Fracture Record) (Old MD Form 55-P). One copy of this form will be prepared by the ward officer for each case of fracture under treatment and filed with the patient's clinical record.

j. WD AGO Form 8-51 (Progress Note), (Old Form MD 55-F). The first progress note will include the impressions and tentative diagnosis of the ward officer or the attending surgeon after examination of the case, and a list of proposed laboratory or diagnostic procedures. Progress notes will be made in all cases when they are indicated and at intervals not greater than ten (10) days. Each progress note will be headed by the ward number and date and will be signed or initialed by the officer making the note. The final progress note will be made within a period of twenty-four (24) hours prior to discharge from the hospital and may be recorded on the back of WD AGO Form 8-39, (Old MD Form 55-D). It will include a brief summary of the whole case.

k. The other forms of the Clinical Record series, such as WD AGO Form 8-55 (Diabetic Record), (Old MD Form 55-G), WD AGO Form 8-88 (Prenatal

Record), (Old MD Form 55-Q-1), WD AGO Form 8-89 (Labor Record), (Old MD Form 55-Q-2), WD AGO Form 8-90 (Neonatal Record), (Old MD Form 55-Q-3), WD AGO Form 8-56 (Temperature, Treatment, Nurse's Notes), (Old MD Form 55-H-1), WD AGO Form 8-57 (Temperature Graphical Chart), (Old MD Form 55-H-2), will be prepared and included in the clinical record of every patient to whom they pertain.

14. Final Disposition.

a. When a patient is ready for disposition, the component parts of the clinical record will be removed from the chart holder, assembled in the order prescribed in paragraph 12b and fastened together. WD AGO Form 8-8-33 (Old MD Form 55-A) will then be completed with the following entries:

- (1) Final diagnosis - This will be made to conform to AR 40-1025 and TB MED 203. The ward officer may elaborate his diagnosis but it will start in conformity with the above mentioned Army Regulation and TB MED.
- (2) The LINE OF DUTY of each diagnosis will be stated separately. In the case of patients who have been received by formal transfer and the present diagnosis not completely concurred in, a statement "Diagnosis on Transfer Card not concurred in", or "Diagnosis on Transfer Card partly concurred in" will be made. (Ref: Par 63, AR 40-1025, 12 Dec. 1944).

SECTION II - REPORT OF ESSENTIAL TECHNICAL MEDICAL DATA.

15. Section X, Circular Letter No. 3, this office, dated 20 February 1946 directs each Hospital Commander and the Surgeon, 88th Division to submit a monthly "Report of Essential Technical Medical Data". A similar report will be submitted by the Surgeon, Foggia Army Air Base and Rome Area Command. These reports will be submitted so as to reach this office by the 15th of the month following the month covered by the report.

16. It is important that all data be included in the "Report of Essential Technical Medical Data" to inform this office of medical activities in the hospital or command concerned and to provide the basis for a consolidated report to the Surgeon General. Therefore in addition to the outline given in Section X, Circular Letter No. 3 the following instructions will be followed in preparing the report.

17. Hospitals will report changes in patient status during the month including the following:

- a. Number of total admissions and dispositions.
- b. Number of admissions and dispositions on medical and surgical services.
- c. Dispositions will be reported as:

(1) Discharge to duty.

(a) General Service.

BPMEED Circular Letter No. 15 (Cont'd)

(b) Limited Service.

- (2) Transfer to another hospital
- (3) Transfer to the Zone of the Interior.
- (4) Death.
- (5) AWOL.

d. Number of patients remaining on each service at the end of the report period.

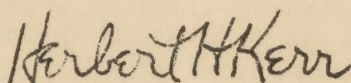
18. Special care will be taken in preparing this report to cover all of the subjects detailed in Section X, Circular Letter No. 3 that are applicable to the hospital or command reporting.

19. The copy of this report, previously sent directly to the Medical Advisor, MTOUSA, APO 512, in accordance with paragraph 3, Section X, Circular Letter No. 3 is discontinued. All copies will be submitted to this office through technical channels.

SECTION III - MISCELLANEOUS.

20. The attention of all Medical Department Officers is invited to Circular number 103, Hqs MTOUSA, dated 25 June 1946, Subject: Casualty, (MTOUSA Circular 103 supersedes several circulars and letters Hqs MTOUSA, pertaining to command and Medical Department activities).

FOR THE THEATER CHIEF SURGEON:



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DISTRIBUTION: Circular Letter

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- 5 ea. Dispensary
- 10 ea. Hospital
- 5 ea. Medical Advisor MTOUSA
- 10 ea. File

little

United States Patent No. 1,111,111

(1) Invention

(2) Title of Invention

(3) Name of the Inventor

(4) Address

(5) Date

1. The object of this invention is to provide a method of determining the value of a function of a variable at a given point.

2. The object of this invention is to provide a method of determining the value of a function of a variable at a given point, which is independent of the value of the variable.

3. The object of this invention is to provide a method of determining the value of a function of a variable at a given point, which is independent of the value of the variable, and which is also independent of the value of the function.

4. The object of this invention is to provide a method of determining the value of a function of a variable at a given point, which is independent of the value of the variable, and which is also independent of the value of the function, and which is also independent of the value of the derivative of the function.

5. The object of this invention is to provide a method of determining the value of a function of a variable at a given point, which is independent of the value of the variable, and which is also independent of the value of the function, and which is also independent of the value of the derivative of the function, and which is also independent of the value of the second derivative of the function.

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11